

Enclosure B

**COUNTY RESPONSE COVER PAGE - MUST BE FULLY COMPLETED AND
SUBMITTED WITH PLAN AND DATA**

Santa Cruz County is requesting participation in the Enhanced Anti-Fraud Program
and will submit a Plan and Data as described above, by November 1, 2009.

Board of Supervisor Approval

Approved on November 24, 2009, by the County Board of Supervisors

Name of Approver: Neal Coonerty, Chairperson, County of Santa Cruz
Board of Supervisors

Signature 

Name of County District Attorney Representative: David Genochio, Asst. District Attorney

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11/24/09

Amendment to Santa Cruz County Fraud Plan 12/23/09

COUNTY COLLABORATIONS AND PARTNERSHIPS WITH CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES (DHCS) AND THE CALIFORNIA DEPARTMENT OF SOCIAL SERVICES (CDSS) RELATED TO THE IHSS PROGRAM

The Santa Cruz County IHSS QA currently forwards reports of suspected fraud/overpayments to the State Department of Health Services (CDHS). On November 3, 2009, the CDHS Medi-Cal Fraud Investigator assigned to Santa Cruz County met with the IHSS QA unit and SIU. Protocols for communicating in the future were discussed and agreed upon. The County looks forward to a collaborative relationship with CDHS regarding fraud referrals and joint investigations including sharing information as necessary. Referrals by the County will enable local and CDHS investigator to identify cases for unannounced home visits. The referrals made to CDHS are tracked via Excel spreadsheet and include date sent to DHCS, DHCS contact assigned to referral and DHCS outcome.

Santa Cruz County (IHSS QA/QI and IHSS Program) work collaboratively with CDSS QA staff. The IHSS QA unit submits error rate studies reports as requested. Additionally, interpretations from CDSS QA staff are requested that assist in some fraud investigations. Generally, these interpretations involve delivery of authorized or unauthorized services in extenuating circumstances. IHSS QA staff and/or SIU will conduct unannounced home visits under appropriate circumstances to assist in the investigative process and to educate consumers and providers. The County proposes that upon award of fraud prevention and investigation funds, support staff, a half-time Welfare Fraud Investigator, and an Assistant Investigator will be hired enabling these efforts to be more robust.

The Santa Cruz IHSS QA unit expects that the existing collaboration with the CDSS IHSS QA Monitoring Unit will continue to be positive and productive as we move forward with new initiatives, and that the developing relationship with DHCS will prove fruitful.

SANTA CRUZ COUNTY PROPOSAL FOR IHSS FRAUD INVESTIGATION FUNDS**IHSS OVERPAYMENTS/UNDERPAYMENTS ACTIVITIES AND DATA**

A new IHSS overpayment process has recently been developed by Santa Cruz County IHSS Quality Assurance (QA) unit in partnership with the IHSS Fiscal Unit and Human Services Department Special Investigations Unit (SIU). Department guidelines have been completed and disseminated and the project has been launched on a trial basis. The County proposes that upon award of fraud prevention and investigation funds, support staff will be hired to provide the correspondence and tracking necessary to fully implement this program. As other components of this fraud prevention and investigation proposal are implemented, it is anticipated that activity related to overpayment and underpayment will grow.

Referrals of this nature are sent to the QA Manager who reviews the initial written report. If appropriate, the referral is assigned to the QA Specialist for review. The QA Specialist may resolve the report administratively, through conversations/meetings with appropriate persons, or providing education regarding authorized services of the program. When appropriate, the QA unit may request the Public Authority (PA) social worker to provide personalized time card training and scheduling assistance.

When the QA Specialist determines an overpayment of IHSS funds has occurred, he/she will notify the recipient and/or provider involved. In most cases, a home visit will occur and a repayment plan will be worked out. Official notification to the recipient/provider is to be made via a form letter customized to the situation along with the repayment agreement. The QA unit will forward copies of the signed repayment agreement form to the IHSS Fiscal unit. The County proposes that with the addition of an Administrative Aide, funded through fraud prevention and investigation funding, a spreadsheet will be developed for the purposes of monitoring repayments and tracking repaid funds.

If the QA Specialist determines a case merits SIU involvement for possible prosecution, the QA Manager will request all related records from the QA unit's preliminary investigation to be copied and forwarded to SIU for follow up. A joint protocol has been developed for this purpose. Depending on the severity of the fraud allegation and the quality of the documentation to support it, either the IHSS QA unit or SIU will forward copies of overpayment cases to the DHCS Fraud investigations unit.

Currently the IHSS Fiscal department does not have the ability to accept payment unless it is in the full amount owed or a repayment plan can be made for deductions to be taken from future

IHSS paychecks. The County proposes that with the addition of an Administrative Aide, funded through fraud prevention and investigation funding, a more comprehensive repayment and tracking system will be developed.

IHSS FRAUD REFERRALS/OUTCOMES ACTIVITIES AND DATA

The QA unit receives reports of possible fraud from a variety of sources: random and target desk and/or home reviews, anonymous reports received by mail or phone, family members, concerned friends or neighbors and community agencies, IHSS and Adult Protective Services (APS) social workers, IHSS Fiscal staff, Medi-Cal and Food Stamps staff, Special Investigations Unit, etc. All reports are logged into a spreadsheet of referrals in chronological order and by case number. Additionally, a monthly QA activities report is prepared by the QA Manager and shared with the IHSS program manager and supervisors. The QA Manager has responsibility for completing the SOC 824 quarterly report, and maintains an annual spreadsheet of QA case files reviews and home visits, monthly random reports and specific targeted reports data (including State and County death match reports, error reports, 300+ hours, Consumers who are Providers CMIPS reports, etc.

A more sophisticated and comprehensive system of data and outcome tracking is necessary in order to analyze activities and evaluate the effectiveness of QA and fraud prevention and investigation activities. The County proposes that upon award of fraud prevention and investigation funds, support staff will be hired to develop and maintain such a data base. This will inform the IHSS QA Manager and partners in this process how to best focus ongoing activities.

COLLABORATION AND PARTNERSHIPS WITH DISTRICT ATTORNEY (DAO) RELATED TO THE IHSS PROGRAM

The County's Special Investigations Unit (SIU) will work closely with our County District Attorney's Office (DAO) to identify the specific Welfare and Institutions Code and Penal Code sections that are applicable to the most common types of IHSS fraud that the program encounters and to determine the most effective methods of evidence gathering and documentation necessary to assure successful prosecution of any cases sent to the DAO. Only cases with dollar amounts that rise to the level of a felony will be considered for prosecution by the DAO. All others will be handled administratively. The County proposes that upon award of fraud prevention and investigation funds, a half-time Welfare Fraud Investigator will be hired to serve as a liaison with the DAO on IHSS fraud cases. The new Fraud Investigator will work with IHSS QA personnel to develop training materials for DAO Prosecutors to assure maximum success. The existing MOU between the County and DAO will be revised to include the

prosecution of IHSS cases. With the improved IHSS fraud prevention documents, including new client application and provider enrollment forms in addition to skilled local investigations by SIU, referrals to the DAO will be better poised for successful prosecution.

The Santa Cruz County Human Services Department has established a positive working relationship with the Santa Cruz County DAO through existing welfare fraud interventions and the Adult Protective Services (APS) Financial Abuse Specialist Team (FAST). The local District Attorney has a record demonstrating commitment to protect consumers from fraudulent or predatory caregivers.

COUNTY COLLABORATIONS AND PARTNERSHIPS WITH CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES (DHCS) AND THE CALIFORNIA DEPARTMENT OF SOCIAL SERVICES (CDSS) RELATED TO THE IHSS PROGRAM

The Santa Cruz County IHSS Quality Assurance Unit currently forwards reports of suspected fraud/overpayments to the State Department of Health Services (CDHS). On November 3, 2009, the CDHS Medi-Cal Fraud Investigator assigned to Santa Cruz County made a site visit to meet with the QA unit and SIU. All referrals submitted in FY 08/09 were reviewed and further action by the CDHS on several of those cases will be forthcoming. Protocols for communicating in the future were discussed and agreed upon. The County looks forward to developing this working relationship with the hopes of gaining support to pursue misuse of IHSS by either consumers or providers. The County proposes that upon award of fraud prevention and investigation funds, support staff, a half-time Welfare Fraud Investigator, and an Assistant Investigator will be hired enabling these efforts to be more robust. Thus far the County has lacked the internal resources and partnership with DHCS to more aggressively investigate complex referrals of alleged IHSS fraud. The Santa Cruz QA unit expects that the existing collaboration with the CDSS IHSS QA Monitoring Unit will continue to be positive and productive as we move forward with new initiatives, and that the developing relationship with DHCS will prove fruitful.

MECHANISM FOR TRACKING/REPORTING IHSS FRAUD DATA AND ACTIVITIES

The County proposes that upon award of fraud prevention and investigation funds, an Administrative Aide and skilled investigative staff will be hired to develop and maintain a more comprehensive and effective mechanism for tracking and reporting fraud data and activities. Currently, a Fraud Complaint Form is completed by any IHSS social worker and/or supervisor, and the QA specialist completes a form for all other fraud report allegations received by the QA unit. A Fraud Grid Report is maintained by the IHSS QA manager and a monthly QA/QI activity report documents all monthly QA chart reviews and home visits and various reports reviewed such as: 300 hrs., death match reports, error reports, CMIPS consumers who are providers report, Fiscal time card request reports, etc. The Fraud Grid identifies all fraud reports resulting

from review efforts. It is anticipated that with additional resources and more aggressive efforts to prevent or detect fraud that more instances may be identified, expanding the data that must be recorded. The development of new fraud prevention and investigation tools will result in additional tracking and data reports that will capture outcomes, something not currently available. This tool will be maintained by an Administrative Aide allowing the QA Manager to focus on IHSS program integrity improvements

COUNTY'S CURRENT AND PROPOSED ANTI-FRAUD ACTIVITIES RELATED TO THE IHSS PROGRAM

Although it is not believed that there is a significant level of IHSS fraud occurring in Santa Cruz County, it is the County's desire to assure maximum integrity of the program. Application for these fraud prevention and investigation funds is further testament to our local intent to prevent misuse or abuse of IHSS which benefits so many elderly and disabled recipients.

The County's QA unit has been working to develop many anti-fraud activities over the past few years. Some of those current and proposed anti-fraud activities follow:

Provider Orientations

Currently, the IHSS PA conducts two orientations per month, one in English and one in Spanish to best serve our provider population. There is strong educational and fraud prevention focus in the existing provider orientation, including a review of authorized and unauthorized services and the correct completion of time cards. Additionally, providers are alerted to the requirement that all income from IHSS earnings must be reported to county eligibility workers if a provider is applying for or receiving cash benefits. If they do not report this income they are advised that this constitutes fraud against the cash aid programs and will jeopardize those benefits and result in other negative consequences.

Upon award of fraud prevention and investigation funds, the County proposes to increase the number of orientation opportunities by scheduling orientation sessions in north, south and mid- county locations. Evening sessions will also be offered in an effort to enable all providers to attend the mandatory workshops. Once all systems are in place, outreach communications will be targeted to current providers who must meet new requirements by June 30, 2010. It is anticipated that enrollment activities for this group of providers will commence in January 2010.

The expanded orientation curriculum will incorporate the new CDSS IHSS Provider Orientation CD with local information from previous orientation materials that have proved useful to providers. All modifications will be produced electronically and in hard

copy formats and be translated into Spanish. The County plans to incorporate the collection of Provider Enrollment Forms (SOC 426) within the format of orientation sessions. This will be more efficient for providers as well as for the QA and IHSS Public Authority staff.

Time Card Training

The PA has developed a more comprehensive time card training for providers than is available in the current and proposed provider orientation. Special class sessions are offered in both English and Spanish languages. This specific training includes scheduling tools and personalized assistance. It reinforces the correct methods for filling out time cards and the importance of the card being completed prior to obtaining the consumer's signature. Authorized and unauthorized services are reviewed. Appointments for one-on-one assistance is also provided as needed. The County proposes that with enhanced fraud prevention funding, these training sessions can be more widely publicized and offered more frequently. More detailed time card examples and training materials will be developed in both English and Spanish.

IHSS Public Authority Website

The IHSS PA website (<http://www.santacruzinhomework.org/>) currently offers extensive information for recipients/providers and the general public about IHSS. There are examples of what services *are* or *are not* authorized. Links to related resources are available as well as consumer and provider handbooks, the "What is IHSS" brochure, information on applying, etc.

The IHSS Public Authority website will greatly benefit from enhancements by the QA unit when appropriate support is available to develop and add fraud prevention information/education for both recipients and providers. Included in these sections will be information regarding how to recognize and report incidents of suspected IHSS and Medi-Cal fraud.

Multiple Time Sheet Requests Project

In May 2009, the QA unit, working closely with IHSS program staff and IHSS Fiscal developed a process to identify instances of providers requesting multiple time cards covering a span of three months or more. Such situations raise concern because at that point it is difficult to verify that services were delivered as they are reported on the time sheet. There is risk of error or intentional fraud when hours and dates worked are entered so late after the fact and consumers are less likely to be certain that the time card reflects correct hours and days when work as performed. When QA or IHSS data

entry personnel identify these multiple time card requests, the social worker assigned to the case is notified. Unless the social worker is aware of justification for late submission of time cards, the QA specialist will call or send correspondence to those providers who claim over 80 hours per month for multiple months. The consumer is also notified. Data are entered into an alpha spreadsheet for ease in addressing repeat recipient/provider cases.

The County proposes that with enhanced funding, the additional support and investigative staff can be engaged in this process to identify and record instances of suspicious multiple time card requests. They will prepare and mail correspondence and conduct research followed by detailed investigations. Due to current staffing constraints, investigations so far have been limited to situations where providers are claiming over 80 hours per month over a number of months. With increased capacity many more cases can be addressed and investigations can be expanded to include cases at a lower threshold. Communication with social workers and contact with the providers and consumers can be accomplished more expeditiously.

Consumer and Provider Handbooks

The PA offers both consumer and provider handbooks that include explanation of the IHSS program, roles and responsibilities of both consumers and providers, the assessment process, very specific information regarding what are and are not authorized services, and more. These handbooks are distributed during initial assessment interviews and provider orientations and upon request. Additionally, the information is accessible on the IHSS PA website. The PA social worker uses these tools when making home visits to assist in problem solving with recipients/providers on a variety of issues.

The County proposes that with additional fraud prevention and investigation funds, QA will revise both of these handbooks to further highlight information on fraud prevention, detection and consequences. Updates regarding the new provider enrollment process will be added with more emphasis on educating both consumers and providers to prevent fraud. Fingerprinting and background check information will be presented so that recipients will more easily understand the new requirements and benefits of these efforts.

Ongoing Reports of Suspected Fraud

The QA unit receives reports of suspected fraud from multiple sources: IHSS Program social workers, IHSS data entry staff, findings of QA reviews, and reports by community

or family members. The QA Manager reviews all reports to determine those that warrant further research. Currently one QA specialist is available to conduct initial investigations of such reports, in addition to performing required IHSS chart reviews and home visits. When preliminary fact-finding indicates that more in-depth investigation and/or further research is warranted, limited local resources have been available to go to the next step. Such cases have generally been referred to internal SIU or to DHCS Medi-Cal Fraud Investigators, where capacity has also been severely restricted.

The County proposes that with fraud prevention and investigation funding, the QA Unit will be able to intervene more quickly and with increased investigation expertise. The availability of qualified Welfare Fraud Investigator and Investigator Assistant will greatly improve the Unit's ability to pursue these cases in a timely manner and with the necessary skill set. IHSS cases will have access to a specialized investigator which has not been possible before. SIU will also be more readily available for initial consult on cases where there are red flags suggesting potential fraud or exploitation of IHSS clients. Expansion of SIU will be one of the most significant improvements related to fraud reduction efforts.

Special Investigations Unit Collaboration

Additional fraud prevention funding will enable County SIU Investigators to enhance language in existing documents signed by IHSS providers who are receiving other types of public assistance to assure that necessary reporting of income and benefits is taking place. Methods will be explored to cross reference IHSS and other public assistance programs data to ensure that IHSS earnings are reported as income by providers to their public assistance case workers.

With additional funding, the County proposes that the SIU will provide fraud awareness training to both IHSS and APS social workers. This will enable them to more readily identify potential fraud and will provide them with tools to subtly gather information to aid QA and SIU to determine if a situation requires further investigation. Incidents involving alleged undelivered IHSS services may increase as a result. It is not uncommon for APS referrals to be made where an IHSS recipient is a victim of suspected abuse or neglect.

Random and Target Reviews

The single QA Specialist in Santa Cruz County has periodically had to reorganize priorities in order to perform initial investigative activities in response to referrals of suspected fraud and to participate in the development of fraud prevention and

detection protocols. While this activity has been instrumental in ensuring accurate delivery and claiming of IHSS services, the addition of a Welfare Fraud Investigator will add expertise to investigatory efforts early on in the process. And it will allow for more focused time on the mandatory random and target reviews by the QA Specialist.

Random reviews are conducted on an ongoing basis. Target reviews occur several times a year. Topics for target reviews are recommended by members of the QA team or the IHSS Quality Improvement Team which includes the QA staff, supervisors and managers of the IHSS program. Reports that have potential to reveal program misuse include special CMIPS Ad hoc reports such as: consumers with multiple providers, able and available spouse cases, over 300+ hours, no timesheet activity in 60 days, etc. The County proposes that with additional fraud investigation funding, the addition of a Welfare Fraud Investigator and Investigator Assistant will increase capacity to provide follow up that will enhance the integrity of IHSS and reduce improper usage of IHSS. Specialized investigators will free the QA specialist to dedicate time to random and target reviews that provide information also valuable in improving operations and program integrity. This will also enable the QA Specialist and Manager to advance the training and evaluation measurement tools to further improve IHSS assessments and case documentation.

COUNTY PROPOSED BUDGET FOR UTILIZATION OF FUNDS – See attached

DESCRIPTION OF HOW THE COUNTY WILL INTEGRATE OTHER PROGRAM INTEGRITY EFFORTS INTO THE PLAN

With additional funding the County will have the necessary complement of resources to collaborate more fully with other programs that have linkage to IHSS cases. With skilled investigation resources and additional administrative support, SIU and the QA unit will have the ability to explore and implement practices to minimize or prevent fraud in the cash aid programs such as Food Stamps and CalWORKS, or entitlements such as Medi-Cal. Capacity will be available to provide speakers to other agencies with close relations to IHSS so that others can be both educated about how to avoid IHSS fraud and how to educate the clients mutually served to avoid participating in fraud or being intimidated by ill-intended caregivers. Also, the QA will be able to focus on areas identified in special target reviews, in discussions with program staff, the IHSS Advisory Commission meetings, and other arenas. The QA unit will have the capacity to train program staff when current resources are enhanced (per the addition of staff, etc.).

COMMITMENT TO PRODUCE AN ANNUAL OUTCOMES REPORT

With the support of an Administrative Aid funded by the IHSS fraud investigation money, County QA, in collaboration with the IHSS Fiscal and SIU Unit, will have the capacity to submit an annual outcomes report by August 1st each year following requirements prescribed by CDSS.

DATA REPORTING SPREADSHEET – Attached.

COMMITMENT TO COMMENCE ACTIVITIES

Santa Cruz County Human Services Department commits to be prepared to commence activities to enhance fraud prevention and investigation in IHSS within 60 days the notice of award and funding level.

Budget Justification
Santa Cruz County's Fraud Funding Plan for FY 2009-10

| Budget Section | Total |
|---|-------------------|
| A. Personnel Costs (includes employee benefits) | \$ 17,6641 |
| B. Operating Expenses | \$ 6,500 |
| C. Equipment Expenses | \$ 9,000 |
| D. Travel/Per Diem and Training | \$ 3,000 |
| E. Subcontracts and Consultants | \$ 5,000 |
| F. Other Costs | \$ 1,000 |
| G. Indirect Expenses | \$ 26,242 |
| Total Expenses | \$ 227,383 |

| A. Personnel Costs (including employee benefits) | Total Budget |
|--|--------------|
| Title: .5 FTE Welfare Fraud Investigator Salary Calculation: 53,885 Duties Description: Investigate referrals, write reports , work with District Attorney on prosecutions. | \$ 26,942 |
| Title: Administrative Assistant Salary Calculation: 87,820 Duties Description: Attend provider orientations to present fraud information, run fingerprints, background checks, compile statistical data and reports. (1/2 year cost). | \$ 43,910 |
| Title: Investigator Assistant Salary Calculation: 81,836 Duties Description: Perform duties in support of fraud investigator, home visits to verify personal information. | \$ 40,693 |
| Title: 2 - Typist Clerk II (1 - North County, 1 - South County, 1/2 year) Salary Calculation: 130,192 Duties Description: Prepare materials for provider orientation, assist in presentations, notify providers re: background check outcome, set up and maintain files for fraud unit. | \$ 65,096 |
| Title: Salary Calculation: Duties Description: | \$ |
| Title: Salary Calculation: Duties Description: | \$ |

| | |
|-------------------------------|-------------------|
| Total Personnel Costs: | \$ 176,641 |
|-------------------------------|-------------------|

| B. Operating Expenses | Total Budget |
|---|---------------------|
| Title: Materials and supplies Description: Printed materials for providers and recipients regarding what is fraud. | \$ 5,000 |
| Title: Communications Description: Cell phone and service for investigators. | \$ 1,500 |
| Title: Description: | \$ |
| Total Operating Expenses: | \$ 6,500 |

| C. Equipment Expenses | Total Budget |
|---|---------------------|
| Title: Description: 2 portable copy machines. | \$ 2,000 |
| Title: Description: Surveillance equipment/cameras. | \$ 5,000 |
| Title: Description: Portable scanner/desktop computer/laptop computer. | \$ 2,000 |
| Total Equipment Expenses: | \$ 9,000 |

| D. Travel/Per Diem and Training | Total Budget |
|--|---------------------|
| Title: Fraud trainings and conferences Description: Travel to appropriate trainings and conferences to enhance skills and best practices. | \$ 3,000 |
| Title: Description: | \$ |
| Title: Description: | \$ |
| Total Travel/Per Diem and Training: | \$ 3,000 |

| E. Subcontracts and Consultants | Total Budget |
|---|---------------------|
| Title: IT Consultant Description: To set up/design database for capturing information and reporting. | \$ 5,000 |
| Title: Description: | \$ |
| Title: Description: | \$ |
| Total Subcontracts and Consultants: | \$ 5,000 |

| F. Other Costs | Total Budget |
|---|---------------------|
| Title: Telephones Description: New installations and IHSS Fraud Hotline. | \$ 1,000 |
| Title: Description: | \$ |
| Title: Description: | \$ |
| Title: Description: | \$ |
| Title: Description: | \$ |
| Total Other Costs: | \$ 1,000 |

| G. Indirect Expenses | Total Budget |
|---|---------------------|
| Title: The approved indirect cost rate for Santa Cruz is 25%, however that would put us overbudget so this item is reduced to stay within budget. Description: | \$ 26,242 |
| Title: Description: | \$ |
| Total Other Costs: | \$ 26,242 |

ENCLOSURE D

County: SANTA CRUZ COUNTY

| Overpayments identified by County QA | | 04/05 | 05/06 | 06/07 | 07/08 | 08/09 |
|--------------------------------------|---------------|-------|----------|----------|----------|----------|
| Total Amount per Fiscal Year: | | N/A | 1,568.40 | 9,239.32 | 1,208.87 | 3,650.53 |
| Number of Instances: | | | 3 | 9 | 4 | 6 |
| Breakdown of Causes | Provider: | | 1 | 8 | 4 | 6 |
| | Recipient: | | 2 | 1 | 0 | 0 |
| | County Error: | | | | | |
| | Unknown: | | | | | |
| | Other: | | | | | |

| Underpayments identified by County QA | | 04/05 | 05/06 | 06/07 | 07/08 | 08/09 |
|---------------------------------------|---------------|-------|-------|-------|-------|-------|
| Total Amount per Fiscal Year: | | N/A | N/A | N/A | N/A | N/A |
| Number of Instances: | | | | | | |
| Breakdown of Causes | Provider: | | | | | |
| | Recipient: | | | | | |
| | County Error: | | | | | |
| | Unknown: | | | | | |
| | Other: | | | | | |

| Fraud Referrals/Outcomes | | 04/05 | 05/06 | 06/07 | 07/08 | 08/09 |
|--|---------------|-------|----------|----------|-------|-------|
| Number of referrals to DHCS: | | N/A | 0 | 0 | 8 | 19 |
| Number handled locally by DA: | | N/A | 1 | 1 | 0 | 0 |
| Number of convictions: | | | 1 | 1 | 0 | 0 |
| Court Ordered Restitution: | | | 1,568.40 | 8,081.92 | 0 | 0 |
| Amount of funds involved in the convictions: | | | 1,568.40 | 8,081.92 | 0 | 0 |
| Amount of funds recovered: | | | 1,568.40 | 5,600.00 | 0 | 0 |
| Amount of funds pending recovery: | | | | 2,481.92 | 0 | 0 |
| Basis for the Conviction: | | | | | | |
| Individuals Responsible | Recipient: | | | | | |
| | Provider: | | 1 | 1 | | |
| | County Staff: | | | | | |
| | Other: | | | | | |
| | Unknown: | | | | | |

ENCLOSURE D

| Utilization of County DA for Fraud | | 04/05 | 05/06 | 06/07 | 07/08 | 08/09 |
|------------------------------------|--------------------------------|-------|-------|-------|-------|-------|
| Documented referrals to DA | | N/A | 1 | 1 | 0 | 0 |
| Outcomes | Accepted: | | 1 | 1 | | |
| | Rejected: | | | | | |
| | Pending: | | | | | |
| | Completed Investigation | | | | | |
| | No Fraud: | | | | | |
| | Restitution Action: | | | | | |
| | Referred for Prosecution: | | 1 | 1 | | |
| | Criminal Charges Filed: | | 1 | 1 | | |
| | No Charges Filed: | | | | | |
| | Convictions: | | 1 | 1 | | |
| | Acquittals: | | | | | |
| | Dismissals: | | | | | |
| | Pending Investigation: | | | | | |
| | Restitution | | | | | |
| | Court Ordered: | | 1 | 1 | | |
| | Restitution Action: | | | | | |
| | Fines | | | | | |
| | Prosecutions Completed | | 1 | 1 | | |
| | Convictions | | 1 | 1 | | |
| | Misdemeanor | | 1 | 1 | | |
| | Felony | | | | | |

ENCLOSURE D

DEFINITIONS

For purposes of program reporting, terms and concepts are defined as follows:

Documented Case Referral means:

Cases received through specified dates that substantially comply with the documented case referral protocol.

Documented Case Referrals are classified as:

Pending – cases awaiting review/case bank

Accepted – cases that are opened and assigned for investigation

Rejected – no further action will occur

Investigations

Investigation opened means cases in which an investigator or DDA has been assigned to a case.

Completed Investigation

Case is closed by court action or deemed unsubstantiated.

Cases

Multiple defendant cases should be counted as single cases, not a separate case for each defendant unless the number or names of the individual defendants are specified.

Fines

Are defined as fines imposed by the court. Penalty assessments may be included. Do not include booking fees, probation supervision fees or restitution.

Provider fraud

Fraud perpetrated by IHSS services.

Recipient fraud

Fraud perpetrated by the IHSS recipient.